



STATE OF NEW HAMPSHIRE
DEPARTMENT OF AGRICULTURE, MARKETS & FOOD
DIVISION OF ANIMAL INDUSTRY
603-271-2404



Application for Animal Rescue License

First Time Applicants Please Submit Proof of Non-profit Status

The undersigned hereby applies for a license as an animal rescue conducting business in NH without a physical facility in NH, in accordance with the provisions of RSA 437, for the period ending June 30, _____.

ANNUAL FEE: \$ 200.00 per fiscal year. (Fiscal Year: July 1, _____ to June 30, _____.)

Any **new** animal rescue applying for a license after January 1, and before June 30, the license fee shall be \$100.00.

Name: _____
Organization/Individual

Street or P.O. Box _____ City/Town _____ State _____ Zip _____
Telephone _____ E-Mail address _____

Have you held a shelter/rescue license in another state? Yes _____ No _____ if yes, list the state(s):

At any time have you been convicted of animal welfare violations in any state? Yes _____ No _____

If yes, explain: _____

Submitted By: _____
Individual, Firm or Corporate Name (please print)

Street or P.O. Box _____ City/Town _____ State _____ Zip _____

Signature of Owner or Authorized Agent: _____
(Please also print name if signature is illegible)

_____ Title Telephone
(If different from above)

Make checks payable to: Treasurer, State of New Hampshire
License fee is non-refundable

Mail application and fee to: Division of Animal Industry
P. O. Box 2042
Concord, NH 03302-2042